

Board of Governors of the Federal Reserve System



Annual Report of Merchant Banking Investments Held for an Extended Period— FR Y-12A

Cover Page

Report Date _____
(MM/DD/YYYY)

Reporter's Name, Street, and Mailing Address

Legal Name _____

Street Address _____

City/County _____

State/Province, Country _____ Zip/Postal Code _____

Reporter's Mailing Address (if different from street address) _____

Mailing City _____

Mailing State/Province, Country _____ Zip/Postal Code _____

Contact's Name and Mailing Address for this Report

Name and Title _____

Phone Number (Include area code and if applicable, the extension) _____

Fax Number (Include area code) _____

E-mail Address _____

Contact's Mailing Address (if different from above) _____

Mailing City _____

Mailing State/Province, Country _____ Zip/Postal Code _____

Executive Officer

I, _____,
Printed Name & Title

am an authorized officer of the company named above, and
hereby declare that this report is true and complete to the best of
my knowledge and belief.

Signature of Executive Officer _____ Date of Signature _____

For Federal Reserve Bank Use Only

RSSD ID _____

C.I. _____ S.F. _____

Public reporting burden for this information collection is estimated to average 7 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. Comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0300), Washington, D.C. 20503.

This report is required by law: Sections 4(k)(4)(H) and 5(c) of the Bank Holding Company Act (BHCA) (12 U.S.C. 1843(k)(4)(H) and 1844 (c)) and subpart J of the Board's Regulation Y (12 CFR 225.170 et seq.).

Annual Report of Merchant Banking Investments Held for an Extended Period (FR Y-12A)

Direct Holder's Name and Location

Legal Name _____

City/County _____

State/Province, Country _____

Zip/Postal Code _____

Covered Investment Section

1. Acquisition Date of Covered Investment:

(MM/DD/YYYY)

2. Name and Location of Company Held:

Legal Name _____

City/County _____

State/Province, Country _____

Zip/Postal Code _____

3. Primary Activity of Company Held:

NAICS

Activity Code

Description of Activity (if no Activity Code applicable)

4. Type of Interest held by Financial Holding Company:

☐ Common Stock

☐ Preferred Stock

☐ General Partner

☐ Limited Partner

☐ Warrants

☐ Options

☐ Convertible Debt

☐ Other

If other, please describe: _____

5. Percentage of Ownership held by Financial Holding Company:

☐ % Voting Equity

☐ % Nonvoting Equity

6. Acquisition Cost of the Covered Investment: \$ _____ (in millions of U.S. dollars)

7. Carrying Value of the Covered Investment: \$ _____ (in millions of U.S. dollars)

8. Plan and Schedule for disposition of the Covered Investment: _____

